

New York State
COVID-19 Pandemic Small Business Recovery Grant Program



Empire State
Development

Powered by
lendistry



Program and Application Guide

(Rev. 11.16.21)



Table of Contents

Program Overview	3
Required Documentation Examples	15
Tips for Applying	24
The Application	32
Application Statuses in the Portal	43
Uploading Documents	46
Applicant Certification	49
Linking Your Bank Information	53

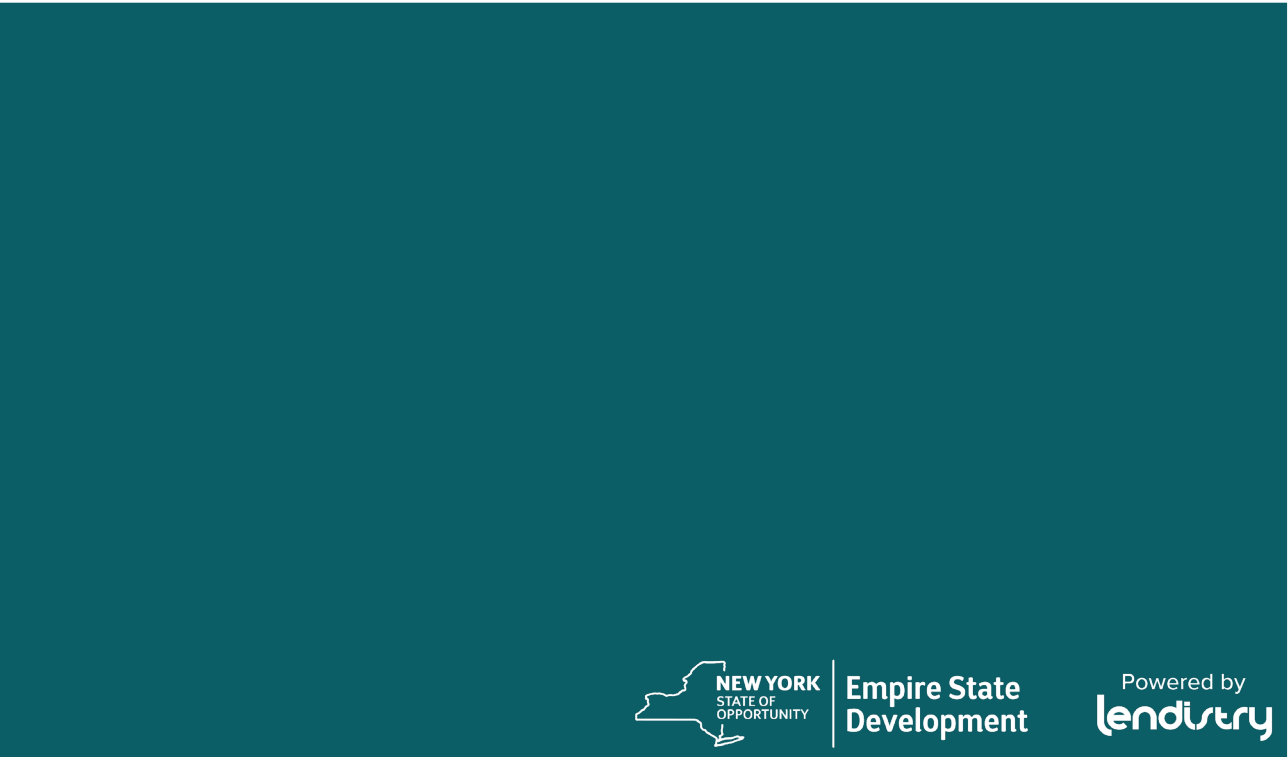


Empire State
Development

Powered by
lendistry



Program Overview



Program Overview

INTRODUCTION

The New York State COVID-19 Pandemic Small Business Recovery Grant Program (the “Program”) was created to provide flexible grant assistance to currently viable small businesses, micro-businesses and for-profit independent arts and cultural organizations in New York State who have experienced economic hardship due to the COVID-19 pandemic.

For more information regarding the New York State COVID-19 Pandemic Small Business Recovery Grant Program and to get assistance in applying, please see www.nysmallbusinessrecovery.com.

GRANT AMOUNT

Grant awards will be calculated based on a business’ Annual Gross Receipts for 2019*:

Annual Gross Receipts (2019)	Grant Amount
\$25,000-\$49,999	\$5,000 per business
\$50,000-\$99,999	\$10,000 per business
\$100,000-\$2,500,000	10% of gross receipts (up to \$50,000)

*See Slide 5 for information regarding how “gross receipts” are determined.

Grant amounts and calculations are subject to change by Empire State Development



Program Overview

DEFINITIONS

1. **"Small business"** shall mean a business which is resident in New York State, incorporated in New York State or licensed or registered to do business in New York State, is independently owned and operated, not dominant in its field, and has **100 or less** employees.
2. **"Micro-business"** shall mean a business which is resident in New York State, incorporated in New York State or licensed or registered to do business in New York State, is independently owned and operated, not dominant in its field, and employs **10 or less** persons.
3. **"For-profit independent arts and cultural organization"** shall mean a small or medium sized private for-profit, independently operated live-performance venue, promoter, production company, or performance-related business located in New York State negatively impacted by COVID-19 health and safety protocols, and having **100 or less** full-time employees, **excluding seasonal employees**. The qualifying organizations under this definition may include businesses engaged in a field including, but not limited to, architecture, dance, design, film, music, theater, opera, media, literature, museum activities, visual arts, folk arts and casting.
4. **"COVID-19 health and safety protocols"** means any restrictions imposed on the operation of businesses by executive order 202 of 2020 issued by the Governor, or any extension or subsequent executive order issued in response to the COVID-19 pandemic, or any other statute, rule, or regulation imposing restrictions on the operation of businesses in response to COVID-19.

Program Overview

ELIGIBLE SMALL BUSINESS QUALIFICATIONS

- Small businesses, Micro-businesses and For-profit independent arts and cultural organizations (collectively, “Eligible Applicants”) must be currently viable and have begun operation on or before March 1, 2019 and continue to be in operation as of the date of application (may be shuttered due to COVID-19 restrictions).
 - “Viability” to be determined based on whether the applicant has positive net profit in 2019, as evidenced by reported net profit on the applicant’s 2019 federal tax return (see below).
- Eligible Applicants will be required to show loss of gross receipts as a result of the COVID-19 pandemic or compliance with COVID-19 health and safety protocols which resulted in business modifications, interruptions, or closures.

Program Overview

ELIGIBLE SMALL BUSINESS QUALIFICATIONS (cont.)

- Small businesses and Micro-businesses must:
 1. Have a 2019 or 2020 Gross Receipts of between \$25,000 and \$2,500,000 per annum as reflected on Applicant's filed federal tax returns
 - line 1a, IRS Form 1120 or 1065;
 - line 1, IRS Form 1040 Schedule C; or
 - sum of line 1a + line 2, IRS Form 1040 Schedule F
 2. Demonstrate positive net profit on 2019 Business Return (\$1 or greater)
 - line 28, IRS Form 1120 (line 21, IRS Form 1120S);
 - line 22, IRS Form 1065;
 - line 31, IRS Form 1040 Schedule C; or
 - line 34, IRS Form 1040 Schedule F
 3. Demonstrate at least a twenty-five percent (25%) loss in annual gross receipts in a year-to-year revenue comparison as of December 31, 2020, to the same period in 2019, in each case, as reflected on Applicant's 2019 and 2020 filed federal tax returns, including any 2020 Pandemic Unemployment Assistance (PUA), Federal Pandemic Unemployment Compensation and/or Lost Wage Assistance Programs) as verified by NYS Department of Labor.
 - Loss to be calculated based on the difference between line 1a on IRS Form 1120 or 1065, line 1 on IRS Form 1040 Schedule C, or the sum of line 1a + line 2 on IRS Form 1040 Schedule F reported on 2019 federal tax return and line 1a on IRS Form 1120 or 1065, line 1 on IRS Form 1040 Schedule C, or the sum of line 1a + line 2 on IRS Form 1040 Schedule F reported on the 2020 federal tax return (in each case covering the same period). Calculated value must show a reduction of 25% year over year. Businesses with a partial tax year in 2019 will calculate 25% loss based on the comparable number of months in 2020.

How to Calculate % Loss (Example)

% LOSS CALCULATION WITHOUT PANDEMIC UNEMPLOYMENT ASSISTANCE (EXAMPLE)

Annual Gross Receipts for 2019 = **\$1,000,000**

Annual Gross Receipts for 2020 = **\$750,000**

Total Loss: 25%

Outcome: Eligible for a Grant

% LOSS CALCULATION WITH PANDEMIC UNEMPLOYMENT ASSISTANCE (EXAMPLE)

Annual Gross Receipts for 2019 = **\$1,000,000**

Annual Gross Receipts for 2020 = \$750,000

Pandemic Unemployment Assistance paid in 2020 = \$10,000

Annual Gross Receipts for 2020 + PUA 2020 = \$760,000

Total Loss: 24%

Outcome: No Longer Eligible for a Grant

Program Overview

ELIGIBLE SMALL BUSINESS QUALIFICATIONS (cont.)

4. Demonstrate that total expenses on 2020 Business Income Return are greater than the grant amounts.
 - o Total expenses calculation versus proposed grant amount will be based on business expense reported on 2020 federal tax return submitted by the applicant
 5. Be in substantial compliance with applicable federal, state and local laws, regulations, codes and requirements.
 6. Not owe any federal, state, or local taxes prior to July 15, 2020, unless covered by an approved repayment plan, deferral plan, or other applicable agreement with appropriate federal, state, and local taxing authorities.
 7. Not have qualified for business grant assistance programs under the federal American Rescue Plan Act of 2021 or any other available federal COVID-19 economic recovery or business assistance grant programs, including loans forgiven under the federal Paycheck Protection Program, or are unable to obtain sufficient business assistance from such federal programs.*
- *Eligible Applicants may have received or been awarded the following federal assistance:
- Paycheck Protection Program loans totaling \$250,000 or less
 - COVID-19 EIDL Advance Grant of \$10,000 or less
 - COVID-19 EIDL Supplemental Targeted Advance Grant of \$5,000 or less
 - SBA Shuttered Venue Operator Grant

Program Overview

ADDITIONAL INFORMATION

- Eligible Applicants must provide evidence, acceptable to New York State that the Eligible Applicant is operational and that the Eligible Applicant is not restricted by any state, local or other agency mandate.
 - Due to a limited amount of funding and the high volume of requests expected, business type, geography, and industry may factor into the ability to receive a grant.
 - Priority will be given to socially and economically disadvantaged business owners, including, but not limited to, people with disabilities, service-disabled veteran-owned businesses, and veteran-owned businesses, or businesses located in communities that were economically distressed prior to March 1, 2020, as determined by the most recent census data.
- All applicants are encouraged to get their required documentation uploaded within 14 days from applying. **Failure to complete an application and upload all required documents within 60 days will deem an application inactive.**

Program Overview

INELIGIBLE BUSINESSES

- All Non-Profits, Churches and other religious institutions;
- Government-owned entities or elected official offices;
- Businesses primarily engaged in political or lobbying activities;
- Businesses that received awards from the SBA Restaurant Revitalization Grant Program;
- Landlords and passive real estate income businesses;
- Illegal businesses and enterprises; and
- Other industry or business types as specified by ESD.

Program Overview

ELIGIBLE USES OF FUNDS

Grants must be used for COVID-19 related expenses incurred between March 1, 2020 and April 1, 2021. These include:

1. Payroll costs;
2. Commercial rent or mortgage payments for NYS-based property (but not any rent or mortgage prepayments);
3. Payment of local property or school taxes associated with a small business location in NYS;
4. Insurance costs;
5. Utility costs;
6. Costs of personal protection equipment (PPE) necessary to protect worker and consumer health and safety;
7. Heating, ventilation, and air conditioning (HVAC) costs;
8. Other machinery or equipment costs;
9. Supplies and materials necessary for compliance with COVID-19 health and safety protocols; or
10. Other documented COVID-19 costs as approved by Empire State Development.

INELIGIBLE USES OF FUNDS

Grants awarded under the program **may not** be used to re-pay or pay down any portion of a loan obtained through a federal COVID-19 relief package for business assistance or any New York State business assistance programs.

Program Overview

REQUIRED DOCUMENTATION

1. For proof of Gross Receipts loss or other economic hardship: 2019 **and** 2020 Business Income Tax returns
 - For corporations and LLCs – IRS Form 1120
 - For partnerships – IRS Form 1065 and Schedule K-1s
 - For sole proprietors – IRS Form 1040 and Schedule C
 - For sole proprietor farming businesses – include IRS Form 1040 Schedule F

NOTE: Full, filed federal tax returns for 2019 and 2020 are required
2. Completed IRS Form 4506-C (if requested by Lendistry)
3. Proof of business location and current operation **(must provide two (2) of the following)**:
 - Current lease
 - Utility bill
 - Current business bank statement
 - Current business mortgage statement
 - Business credit card statement
 - Professional insurance bill
 - Payment processing statement
 - NYS ST-809 or ST-100 sales tax collection documentation

Program Overview

REQUIRED DOCUMENTATION (cont.)

4. Schedule of ownership (not applicable to sole proprietors): Listing of names, addresses, Social Security Numbers (for non-U.S. owners, Individual Taxpayer Identification Number) , phone numbers, e-mails, percentage ownership, and photo ID for any owners with 20% or more ownership of the business:
 - To complete the application for the grant, owner/applicant must be at least a 20% owner and provide listing of name, address, Social Security Number or for non-U.S. owners, Individual Taxpayer Identification Number, phone number, e-mails, percentage ownership, and photo ID.
 - To complete the funding of grant, applicant must submit schedule of ownership information for all owners with 20% or more ownership of business: listing of names, addresses, Social Security Numbers or for non-U.S. owners, Individual Taxpayer Identification Number, phone numbers, e-mails, percentage ownership, and photo ID.
 - Non-U.S. owners are subject to Individual Taxpayer Identification Number verification through IRS Form CP565.
5. Proof of number of employees: Most recently submitted NYS-45 document for employer firms.
6. Proof of Business Organization **(provide only one (1) of the following)**:
 - Current Business License
 - Current Business Certificate
 - Certificate of Organization
 - Certificate of Assumed Name (DBA)
 - NYS Certificate of Authority
 - Articles of Incorporation
 - NYS municipality issued document showing authorization to operate in NYS.
7. For funds distribution: IRS Form W-9 and bank account information.

Required Documentation

Examples



Empire State
Development

Powered by
lendistry

Proof of Gross Receipts Loss or Other Economic Hardship

CORPORATIONS AND LLCs
IRS Form 1120-S

Form **1120-S** U.S. Income Tax Return for an S Corporation
OMB No. 1545-0125
2019
Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.
Go to www.irs.gov/Form1120S for instructions and the latest information.
For calendar year 2019 or tax year beginning 2019, ending 2020
A Election effective date
B Business activity code number (see instructions)
C Check if Sec. 1361-M-3 attached
D Employer identification number
E Date incorporated
F Total assets (see instructions)
G Is the corporation electing to be an S corporation beginning with this tax year? Yes No If "Yes," attach Form 2553 if not already filed
H Check if: (1) Final return (2) Name change (3) Address change (4) Amended return (5) S election termination or revocation
I Enter the number of shareholders who were shareholders during any part of the tax year
J Check if corporation: (1) Aggregated activities for section 465 at-risk purposes (2) Grouped activities for section 468 passive activity purposes

PARTNERSHIPS
Form 1065 Schedule K-1

Schedule K-1 2020
OMB No. 1545-0123
451119
Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items
Partner's Share of Income, Deductions, Credits, etc.
Part I Information About the Partnership
Part II Information About the Partner
Part III Partner's Capital Account Analysis
Part IV Other Information
For Paperwork Reduction Act Notice, see Instructions for Form 1065.

SOLE PROPRIETOR
(FARMING BUSINESSES)
Form 1040 Schedule F

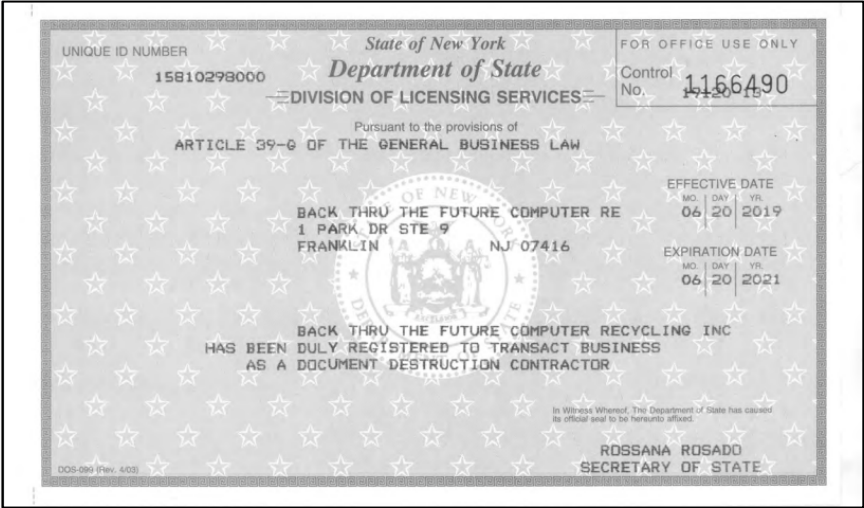
SCHEDULE F 2020
OMB No. 1545-0074
Profit or Loss From Farming
Part I Farm Income - Cash Method
Part II Farm Expenses - Cash and Accrual Method
For Paperwork Reduction Act Notice, see the separate instructions.

COMPLETED 4506-C
(ONLY IF REQUESTED BY LENDISTRY)

Form **4506-C** 2020
OMB Number 1545-1872
IVES Request for Transcript of Tax Return
Do not sign this form unless all applicable lines have been completed.
Request may be rejected if the form is incomplete or illegible.
For more information about Form 4506-C, visit www.irs.gov and search IVES.
1a Name shown on tax return (if a joint return, enter the name shown first)
1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return
2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)
4 Previous address shown on the last return filed if different from line 3 (see instructions)
5a IVES participant name, address, and GCM mailbox ID
5b Customer file number (if applicable) (see instructions)
Caution: This tax transcript is being sent to the third party entered on Line 5a. Ensure that lines 5 through 8 are completed before signing. (see instructions)
6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request.
a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-E, Form 1120-L, Form 1120-SS, and Form 1120-TR. Return transcripts are available for the current year and returns processed during the prior 3 processing years.

Proof of Business Organization

CURRENT BUSINESS LICENSE



CURRENT BUSINESS CERTIFICATE



Proof of Business Organization

CERTIFICATE OF AUTHORITY



ARTICLES OF INCORPORATION

<p>New York State Department of State Division of Corporations, State Records, and Uniform Commercial Code One Commerce Plaza, 99 Washington Avenue Albany, NY 12231 www.dos.ny.gov</p>	
<p>CERTIFICATE OF INCORPORATION OF</p>	
<hr/> <p><i>(Insert Corporate Name)</i></p> <hr/>	
<p>Under Section 402 of the Business Corporation Law</p>	
<p>FIRST: The name of the corporation is:</p> <hr/>	
<p>SECOND: This corporation is formed to engage in any lawful act or activity for which a corporation may be organized under the Business Corporation Law, provided that it is not formed to engage in any act or activity requiring the consent or approval of any state official, department, board, agency or other body without such consent or approval first being obtained.</p>	
<p>THIRD: The county, within this state, in which the office of the corporation is to be located is:</p> <hr/>	
<p>FOURTH: The total number of shares which the corporation shall have authority to issue and a statement of the par value of each share or a statement that the shares are without par value are: 200 No Par Value</p>	
<p>FIFTH: The Secretary of State is designated as agent of the corporation upon whom process against the corporation may be served. The address to which the Secretary of State shall mail a copy of any process accepted on behalf of the corporation is:</p> <hr/>	

Proof of Business Location and Current Operation

Applicants must provide **two (2)** of the following to show proof of business location and current operation:

- Current lease
- Utility bill
- Current business bank statement
- Current business mortgage statement
- Business credit card statement
- Professional insurance bill
- Payment processing statement
- NYS ST-809 or ST-100 sales tax collection documentation

Important Note: Of the documents listed above, monthly statements must be from within the last 30 days from the time of application submission, and other documents should be the most recent versions signed or filed.

NYS ST-809

NEW YORK STATE Department of Taxation and Finance
New York State and Local Sales and Use Tax Return for Part-Quarterly (Monthly) Filers

Part-Quarterly (Monthly) ST-809
 January 2020
 Tax period
 January 1, 2019 – January 31, 2019

1120

1. Taxpayer's identification number
 2. Local name (print ID number and legal name as it appears on the Certificate of Authority)
 3. DBA (doing business as) name
 4. Number and street
 5. City, state, ZIP code

6. Due date:
 Thursday, February 20, 2020
 You will be responsible for penalty and interest if your return and any payment due is not electronically filed or postmarked by this date.

Mandatory to use Sales Tax Web File - Most filers fall under this requirement. See Form ST-809-L, Instructions for Form ST-809.

No tax due? Enter your gross sales and services in box 1 of Step 1 below, enter none in boxes 2 and 3. You must file by the due date even if no tax is due. There is a \$50 penalty for late filing of a no-tax-due return. See instructions.

Has your address or business information changed? If so, visit our website (see Note) for instructions and see the change my address option for further instructions. If not, check this box. ☐

Complete Step 1 or Step 2, but not both.

Step 1 Long method of calculating tax due (see instructions)

1. Enter total gross sales and services (to nearest dollar)	2. Enter total taxable sales and services (to nearest dollar)	3. Enter total purchases subject to tax (to nearest dollar)	4. Sales and use tax	5. Credit for prepaid sales tax	6. Net tax due (subtract box 5 amount from box 4 amount)	7. Credits not identified (attachments required)	8. Advance payments	9. Add box 7 amount to box 6 amount	10. Sales and use tax due (subtract box 8 amount from box 9 amount)	11. Penalty and interest	12a. Amount due (add box 10 amount to box 11 amount)	12b. Amount paid

Step 2 Short method of calculating tax due (see instructions)

1. Comparable quarter of previous year	2. Tax due (enter box 1 amount)	3. Credit for prepaid sales tax	4. Net tax due (subtract box 3 amount from box 2 amount)	5. Credits not identified (attachments required)	6. Advance payments	7. Add box 5 amount to box 4 amount	8. Sales and use tax due (subtract box 7 amount from box 4 amount)	9. Penalty and interest	10a. Amount due (add box 8 amount to box 9 amount)	10b. Amount paid

*Include short method adjustment in box 1 (see Short method adjustment on page 3 of instructions.) For office use only

Locality: Adjustment \$

ST-809 (1/20) Page 1 of 2

Proof of Business Organization

ST-100 SALES TAX DOCUMENTATION

New York State Department of Taxation and Finance
New York State and Local
Quarterly Sales and Use Tax Return

Quarterly ST-100
June July August
Tax period
June 1, 2009 – August 31, 2009

Sales tax identification number
Legal name (Print ID number and legal name as it appears on the Certificate of Authority)
DBA (doing business as) name
Number and street
City, state, ZIP code

September 2009
Due date:
Monday, September 21, 2009
You will be responsible for penalty and interest if your return is not postmarked by this date.

No tax due? Enter your gross sales and services in box 1 of Step 1 below, in Step 3 on page 3, enter date in boxes 12, 13, and 14 and complete Step 8. You must file by the due date even if no tax is due. There is a \$50 penalty for late filing of a no-tax-due return. See 6 in instructions.
Final return? Mark an X in the box to the right if you are discontinuing your business and this is your final return; complete this return and the back of your Certificate of Authority. Attach the Certificate of Authority to the return. See 6 in instructions.
Has your address or business information changed? If so, visit our Web site at www.nystax.gov and see the change my address option for further instructions, or mark an X in the box to the right and enter new mailing address above. See 6 in instructions.

Step 1 of 9 Gross sales and services Enter total gross sales and services (including exempt sales). Do not include sales tax in this amount. See 6 in instructions. 1. 00

Step 2 of 9 Do I need to file any additional schedules? Need to obtain schedules? See Need help? on page 4 of Form ST-100-4.

Form ST-100.2, Quarterly Schedule A — Use to report tax and taxable receipts from sales of food and drink (restaurant meals, takeout, etc.) and from hotel/motel room occupancy in Nassau or Niagara County, as well as admissions, club dues, and cabaret charges in Niagara County.
Form ST-100.3, Quarterly Schedule B — Use to report tax due on nonresidential utility services in certain counties where school districts or cities impose tax, and on residential energy sources and services subject to local taxes. Remainder: Use Form ST-100.3-ATT, Quarterly Schedule B-ATT, to report sales of these nonresidential utility services made to QEZEs.
Form ST-100.10, Quarterly Schedule FR — Use to report retail sales of qualified motor fuel or diesel motor fuel and fuel taken from inventory, as explained in the schedule's instructions.
Form ST-100.7, Quarterly Schedule H — Use to report sales of clothing and footwear eligible for exemption from New York State and some local sales and use tax.
Form ST-100.5, Quarterly Schedule N — Use to report taxes due and sales of certain services in New York City. Remainder: Use Form ST-100.5-ATT, Quarterly Schedule N-ATT, if you are a provider of parking services in New York City.
Form ST-100.9, Quarterly Schedule Q — Use to report sales of tangible personal property or services to Qualified Empire Zone Enterprises (QEZE) eligible for exemption from New York State and some local sales and use tax.
Form ST-100.8, Quarterly Schedule T — Use to report taxes due on telephone services, telephone answering services, and telegraph services imposed by certain counties, school districts, and cities. Remainder: Use Form ST-100.8-ATT, Quarterly Schedule T-ATT, to report sales of these services made to QEZE.
Schedules CT and NJ: For reciprocal tax agreement filing requirements, see 6 in instructions.

Refer to Form ST-100-4, Instructions for Form ST-100, if you have questions or need help. Please be sure to keep a completed copy of your return for your records.

Proceed to Step 3, page 2

5000108090094 ST-100 (8/09) Page 1 of 4

MOST RECENTLY SUBMITTED NYS-45
DOCUMENT FOR EMPLOYER FIRMS.

NYS-45 (1/19) Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return

Reference these numbers in all correspondence:
UI Employer registration number
Withholding identification number
Employer legal name:

Mark an X in only one box to indicate the quarter (a separate return must be completed for each quarter) and enter the year.
Jan 1 - Mar 31 Apr 1 - Jun 30 Jul 1 - Sep 30 Oct 1 - Dec 31 Year Y Y
Are dependent health insurance benefits available to any employee? Yes No
If seasonal employer, mark an X in the box
a. First month b. Second month c. Third month

Number of employees
Enter the number of full-time and part-time covered employees who worked during or received pay for the week that includes the 12th day of each month.
a. First month b. Second month c. Third month

Part A - Unemployment insurance (UI) information
1. Total remuneration paid this quarter 00
2. Remuneration paid this quarter in excess of the UI wage base since January 1 (see inst.) 00
3. Wages subject to contribution (add lines 1 and 2) line 1 00
4. UI contributions due Enter your UI rate %
5. Re-employment service fund (multiply line 3 x .00075)
6. UI previously underpaid with interest
7. Total of lines 4, 5, and 6
8. Enter UI previously overpaid
9. Total UI amounts due if line 7 is greater than line 8, enter difference here and mark as X in box 11 below
10. Total UI overpaid if line 8 is greater than line 7, enter difference and mark box 11 below
11. Apply to outstanding liabilities and/or refund

Part B - Withholding tax (WT) information
12. New York State tax withheld 00
13. New York City tax withheld
14. Yonkers tax
15. Total tax withheld (add lines 12, 13, and 14)
16. WT credit from previous quarter's return (see inst.)
17. Form NYS-1 payments made for quarter
18. Total payments (add lines 16 and 17)
19. Total WT amount due if line 15 is greater than line 16, enter difference here and mark as X in box 20a or 20b
20. Total WT overpaid if line 16 is greater than line 15, enter difference here and mark as X in box 20a or 20b
20a. Apply to outstanding liabilities and/or refund
20b. Credit to next quarter withholding tax
21. Total payment due (add lines 9 and 19; make one adjustment payable to NYS Employment Contributions and Taxes)

*An overpayment of either UI contributions or withholding tax cannot be used to offset an amount due for the other. Complete Parts D and E on back of form, if required.

Part C - Employee wage and withholding information
Quarterly employee wage reporting and withholding information (If more than five employees or if reporting other wages, do not make entries in this section; complete Form NYS-45-ATT. Do not use negative numbers; see instructions.)
a. Social Security number b. Last name, first name, middle initial c. Total UI contributions paid this quarter d. Gross federal wages or distribution (see instructions) e. Total NYS, NYC, and Yonkers tax withheld

Totals (column c must equal remuneration on line 1; see instructions for exceptions)
Sign your return: I certify that the information on this return and any attachments is to the best of my knowledge and belief true, correct, and complete.
Signature (see instructions) Signer's name (please print) Title
Date Telephone number

Schedule of Ownership

Listing of names, addresses, Social Security numbers (or, for non-US owners, Individual Taxpayer Identification Numbers), phone numbers, e-mails, percentage ownership, and photo ID for any owners with 20% or more ownership of the business.

You can download this form in the Portal or by [CLICKING HERE](#).

Name	Jane Doe
Residential Address	123 Test Street
City	New York City
State	New York
Postal Code	10001
SSN or ITIN	000-00-0001
Phone Number	123-456-7890
E-mail	janedoe@yopmail.com
Percentage Ownership	100%

Required Documents for Funds Distribution (Only for Eligible Applicants Approved for Funding)

W-9

Form (Rev. October 2018) Department of the Treasury Internal Revenue Service	<h1 style="margin: 0;">W-9</h1> <h2 style="margin: 0;">Request for Taxpayer Identification Number and Certification</h2> <p style="margin: 0;">▶ Go to www.irs.gov/FormW9 for instructions and the latest information.</p>	Give Form to the requester. Do not send to the IRS.
Print or type. See Specific instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Individual/sole proprietor or single-member LLC </div> <div> <input type="checkbox"/> C Corporation </div> <div> <input type="checkbox"/> S Corporation </div> <div> <input type="checkbox"/> Partnership </div> <div> <input type="checkbox"/> Trust/estate </div> </div> <p style="margin-top: 5px;"> <input type="checkbox"/> Limited liability company. Enter the tax classification (C-C corporation, S-S corporation, P-Partnership) ▶ _____ </p> <p style="margin-top: 5px;"> Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. </p> <p style="margin-top: 5px;"> <input type="checkbox"/> Other (see instructions) ▶ _____ </p>	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> Exempt payee code (if any) _____ </div> <div> Exemption from FATCA reporting code (if any) _____ </div> </div> <p style="margin-top: 5px; font-size: small;"> <i>(Apply to accounts maintained outside the U.S.)</i> </p>	
	5 Address (number, street, and apt. or suite no.) See instructions. <div style="float: right; width: 30%;"> Requester's name and address (optional) </div>	
6 City, state, and ZIP code		
7 List account number(s) here (optional)		
<div style="border: 1px solid black; padding: 5px;"> Part I Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i>, later. <p style="margin-top: 5px; font-size: small;"> Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter. </p> </div>		
<div style="border: 1px solid black; padding: 5px;"> Part II Certification Under penalties of perjury, I certify that: <ol style="list-style-type: none"> 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA codes entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. <p style="margin-top: 5px; font-size: small;"> Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later. </p> </div>		
Sign Here	Signature of U.S. person ▶ _____	
Date ▶ _____		

BANK ACCOUNT INFORMATION

* Bank Name

* Routing Number
[\(What is this?\)](#)

* Confirm Routing Number

* Checking Account Number
[\(What is this?\)](#)

* Confirm Checking Account Number



Tips for Applying



Empire State
Development

Powered by
lendistry

Tip #1: Use Google Chrome

INSTRUCTIONS

For the best user experience, please use Google Chrome throughout the entire application process.

Other web browsers may not support our interface and can cause errors in your application.

If you do not have Google Chrome on your device, you can download it for free at <https://www.google.com/chrome/>

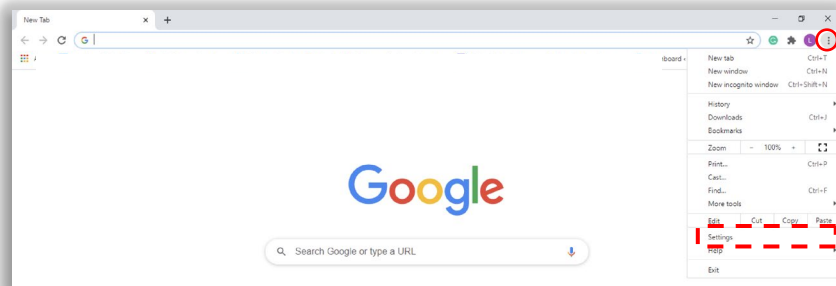
Before you begin the application, please do the following on Google Chrome:

- 1. Clear Your Cache:** Cached data is information that has been stored from a previously used website or application and is primarily used to make the browsing process faster by auto-populating your information. However, cached data may also include outdated information such as old passwords or information you have previously entered incorrectly. This can create errors in your application and may result in it being flagged for potential fraud.
- 2. Open incognito mode:** Incognito mode allows you to enter information privately and prevents your data from being remembered or cached.
- 3. Disable your pop-up blocker:** Our application includes multiple pop-up messages that are used to confirm the accuracy of the information you provide. You must disable the pop-up blocker on Google Chrome to see these messages.

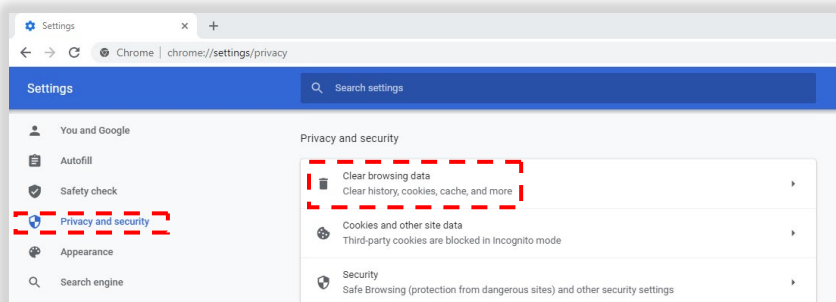
Tip #2: Clear Your Cache

INSTRUCTIONS

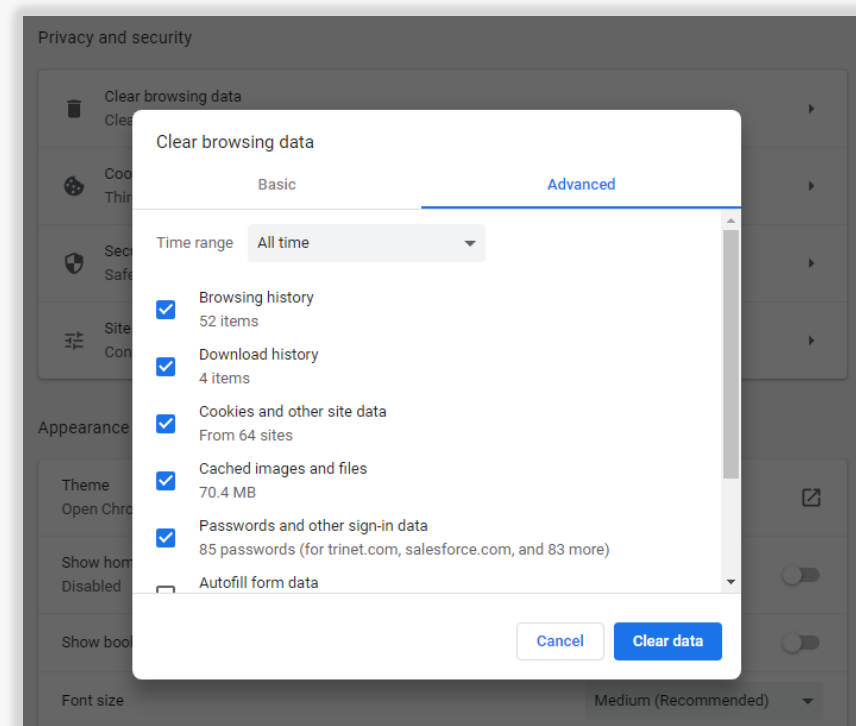
1. Click the three dots in the upper right corner, and then go to **“Settings”**



2. Go to **“Privacy and Security”**, and then select **“Clear Browsing Data”**



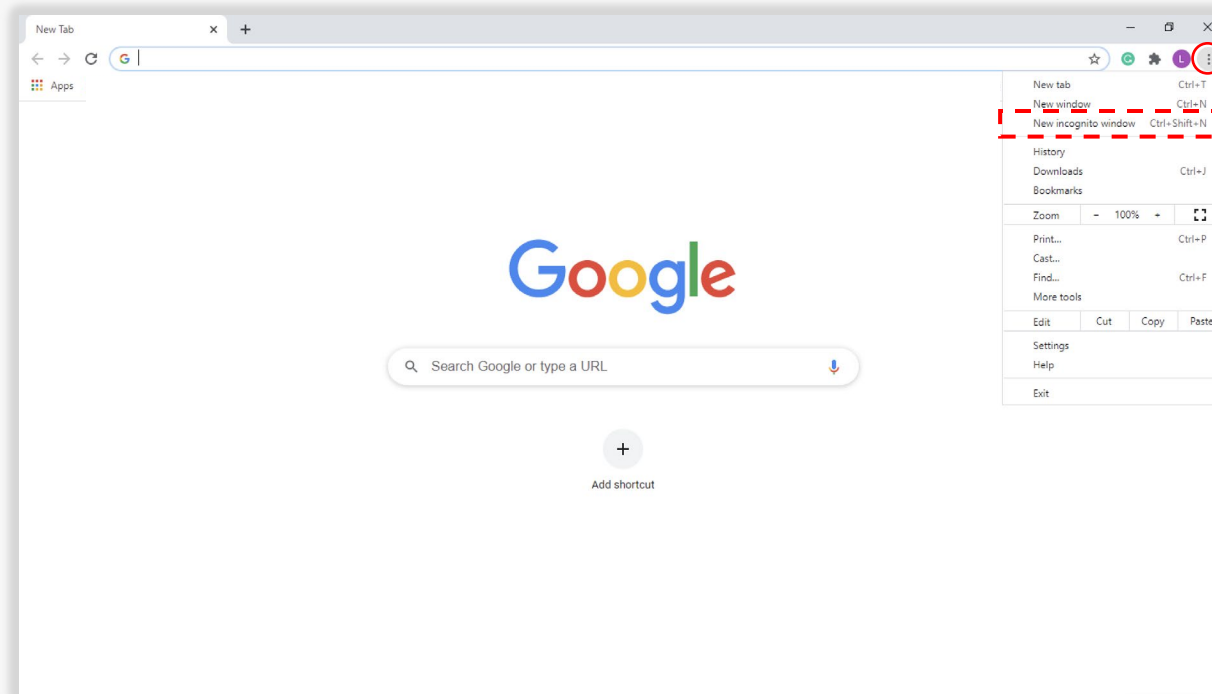
3. Select **“Clear Data”**



Tip #3: Use Incognito Mode

INSTRUCTIONS

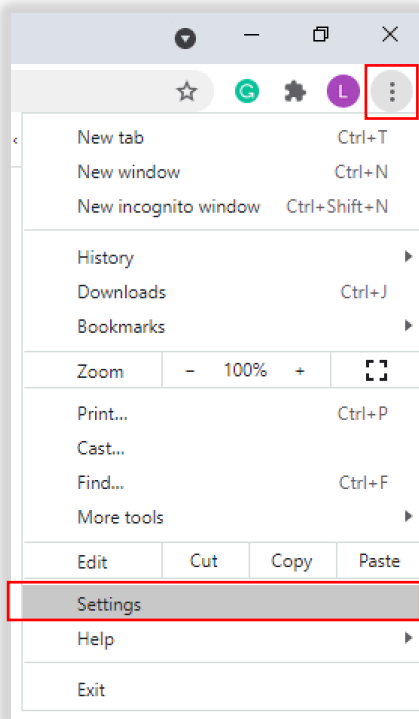
Click the three dots in the upper right corner of your web browser, and then select “**New incognito window.**” Your browser will open a new window.



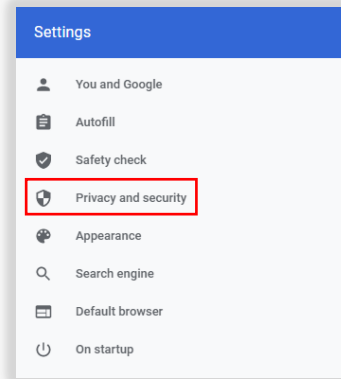
Tip #4: Disable Pop-Up Blocker

INSTRUCTIONS

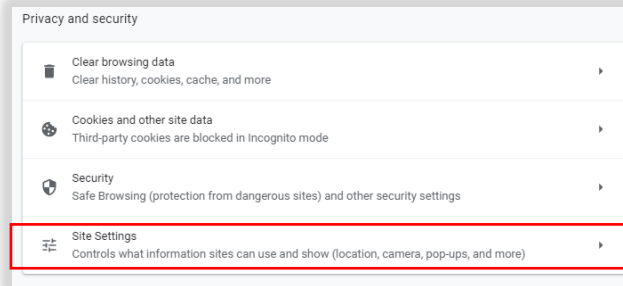
1. On Google Chrome, click the three dots in the upper right corner and then select **“Settings”**



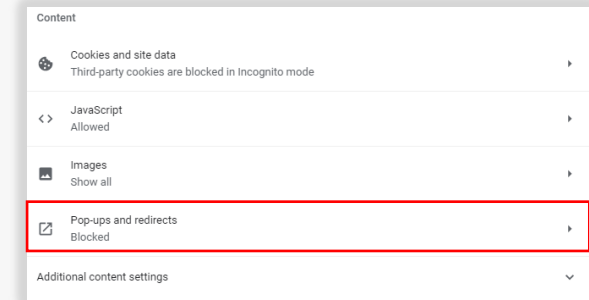
2. Select **“Privacy and Security”**



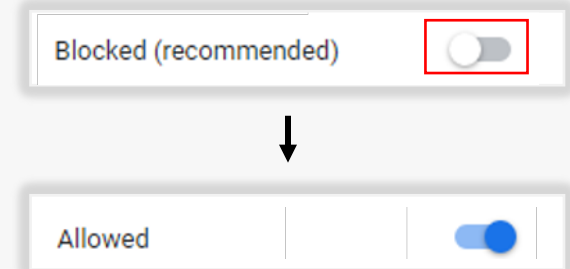
3. Select **“Site Settings”**



4. Select **“Pop-up and Redirects”**



5. Click the button so that it turns **blue** and the status changes from **“Blocked”** to **“Allowed”**



Tip #5: Submit All Documents in PDF Format

INSTRUCTIONS

The electronic form must be clear, aligned straight, and contain no disruptive backgrounds.

Important Notes for Uploading Documents:

- **All documents must be submitted in PDF format (.IMG and .JPEG files are NOT supported).**
- File size must be under 15MB.
- The file name CANNOT contain any special characters (!@#\$%^&*()_+).
- If your file is password protected, you will need to enter it in the Portal, otherwise we will not be able to view the document.

If you do not have a scanner, we recommend using the following free mobile apps:

Genius Scan

Apple | [Click Here to Download](#)
Android | [Click Here to Download](#)

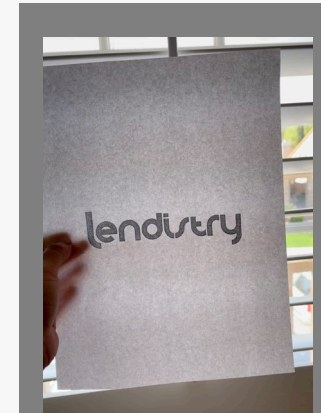
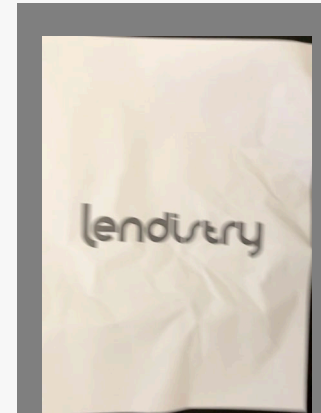
Adobe Scan

Apple | [Click Here to Download](#)
Android | [Click Here to Download](#)

CORRECT



INCORRECT



Tip #6: Use a Valid Email Address

INSTRUCTIONS

Please make sure you are using a valid email address when applying. You will receive updates and additional instructions at the email address you provide.

IMPORTANT NOTE - The following email addresses will not be accepted or recognized in our system:

Emails beginning with **@info**

Example: info@mycompany.com

Emails ending with **@contact.com** or **@noreply.com**

Example: example@contact.com

Example: example@noreply.com

Tip #7: Translate the Application in Your Preferred Language

INSTRUCTIONS

Our application will be translatable in the following languages:

- Arabic
- Bengali
- Chinese (Simplified Mandarin)
- French
- German
- Haitian Creole
- Hindi
- Italian
- Korean
- Polish
- Russian
- Spanish
- Yiddish

Important Note: For non-English language support in completing the application, please contact our call center or visit

www.nysmallbusinessrecovery.com.



The Application

What Information is Needed



Before You Begin

WHAT TO EXPECT

This grant application is administered by Empire State Development and powered by Lendistry.

Before you begin, you will be queued up in a waiting room to start a NEW application.

(Important Note: Do NOT fill out multiple applications. This will be detected as potential fraud and will disrupt your application.)

You do not have to complete the application in one session and will have an option to save and continue it later.

Enter your contact information in the “Let’s Get Started” section of the application in order to receive login credentials to our Portal. Once you activate your account, you will be able complete your unfinished application.

New York State
COVID-19 Pandemic Small Business
Recovery Grant Program

You are now in line to start a
NEW application for the grant.

(Do NOT fill out multiple applications. This will be detected as potential fraud
and will disrupt your application.)

Once it is your turn, you will have 10 minutes to begin your application. You do not
have to complete the application in one session and will have an option to save
and continue it later.

Enter your contact information in the “Let’s Get Started” section of the application
in order to receive login in credentials to our Portal. Once you activate your
account, you will be able complete your unfinished application.

While you wait, we recommend reviewing the following:
Program and Application Guide: [CLICK HERE](#)
Video Tutorials: [CLICK HERE](#)

Number of Users Ahead of You: 2340
Your Estimated Wait Time: 5 minutes

Notify me when it is my turn.

ENTER EMAIL ADDRESS

NOTIFY BY EMAIL

[CLICK HERE](#) to leave the line. You will lose your place.

Empire State
Development

Powered by
lendistry

Section 1: Get Started with Your Application

WHAT INFORMATION IS NEEDED?

- First Name
- Last Name
- E-mail
- Phone Number
- Business Name
- Zip Code of Business
- Referral Partner (Your selection for this field will not impact your application)
- Preferred Language

Important Note: Please be sure to use a valid email address in this section. Important updates and further instructions will be sent to the email address that you provide. Refer to “Tips for Applying” for a list of invalid email addresses.

SMS/TEXT POLICY

Status updates for your grant application will be available by SMS/Text. To receive updates by SMS/Text, please provide consent after reading the disclosure by checking the box. If you would like to opt out of this feature, leave the box unchecked.

Let's get started with your application (New York Small Business Recovery Grant Program)

First Name (Please enter answer in English) *
Jane

Last Name (Please enter answer in English) *
Doe

Email Address *
nyrecovery@yopmail.com

Confirm Email Address *
nyrecovery@yopmail.com

Owner cell Phone *
123-555-0000

Confirm owner cell Phone *
123-555-0000

Business Name (Please enter answer in English) *
My Company

Zip Code of Business *
10001

Referral Partner *
ACCORD Corporation

Preferred Language *
English

☒ I accept the [SMS/Text Policy](#)

CONTINUE

CONSENT TO AUTO-DIALED CALLS OR TEXT MESSAGES:

CONSENT TO AUTO-DIALED CALLS OR TEXT MESSAGES:

I expressly consent to receive calls and messages to landline, wireless or similar devices, including auto-dialed and pre-recorded message calls and SMS messages (including text messages) from Lendistry and/or its authorized representatives at telephone numbers that I have provided in my application for the purposes of receiving updates and other information related to the New York State COVID-19 Pandemic Small Business Recovery Grant Program. I acknowledge that consent is not a condition of submitting an application, and that message and data rates may apply.

Okay

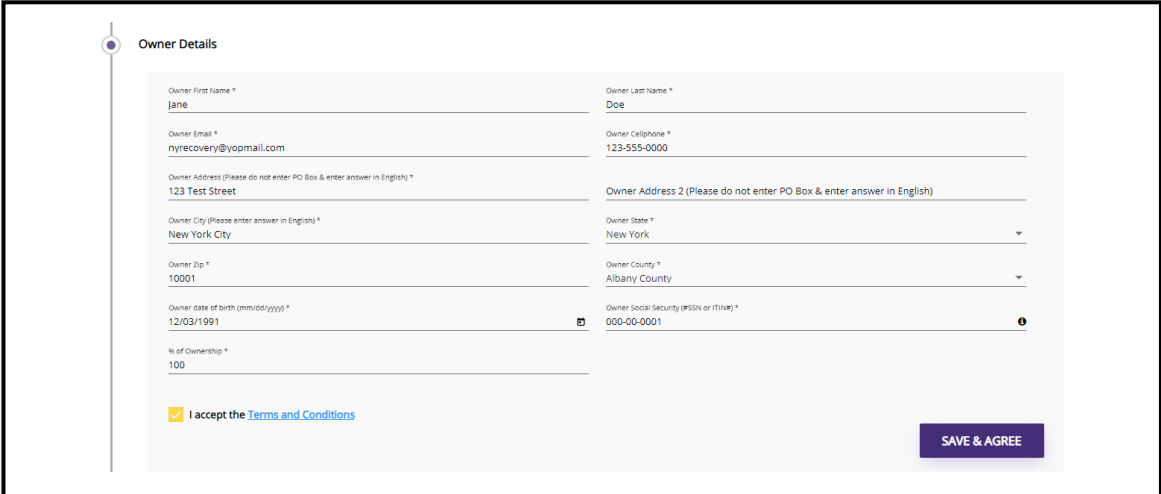
Section 2: Owner Details

WHAT INFORMATION IS NEEDED?

- Owner First Name
- Owner Last Name
- Owner E-mail
- Owner Address, City, State, Zip Code, and County
- Owner Birthday
- Owner Social Security Number (or ITIN)
- % of Ownership

TERMS AND CONDITIONS

Check the box to acknowledge that you have read and agree to the Terms and Conditions. You must agree in order to move forward with your grant application.



The screenshot shows a form titled "Owner Details" with two columns of input fields. The left column includes fields for Owner First Name (Jane), Owner Email (nyrecovery@yopmail.com), Owner Address (123 Test Street), Owner City (New York City), Owner Zip (10001), Owner date of birth (12/03/1991), and % of Ownership (100). The right column includes fields for Owner Last Name (Doe), Owner Telephone (123-555-0000), Owner Address 2, Owner State (New York), Owner County (Albany County), and Owner Social Security (000-00-0001). At the bottom left, there is a checkbox labeled "I accept the Terms and Conditions". At the bottom right, there is a purple button labeled "SAVE & AGREE".

TERMS AND CONDITIONS

By checking the box I acknowledge that I have read and agree to the following:

1. [Terms of Use](#)
2. [Additional Authorizations](#)
3. [Privacy Policy](#)

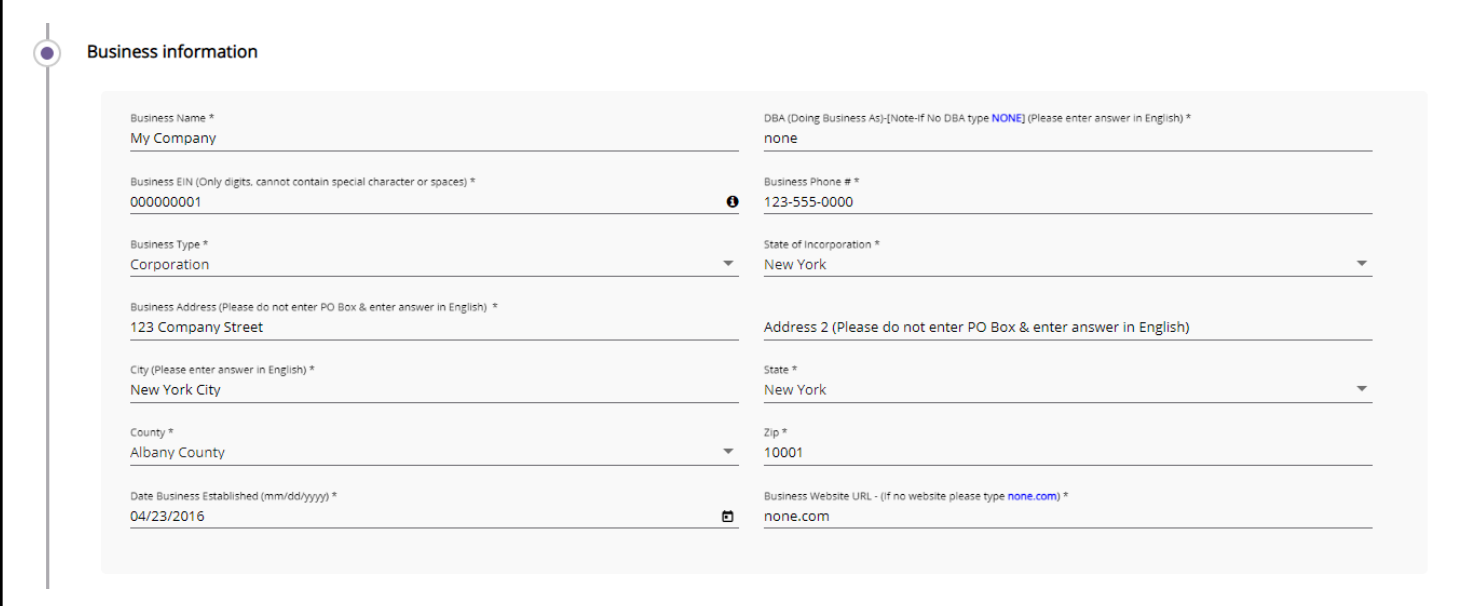
LENDISTRY is a licensed California Financial Lender, License # 60DBO66872

Okay

Section 3: Business Information

WHAT INFORMATION IS NEEDED?

- Business Name
- DBA (if applicable)
Note: If your business does not have a DBA, type “NONE” in this field.
- Business EIN
- Business Phone Number
- Business Type
- State of Incorporation
- Business Address, City, State, Zip Code, and County
- Business Start Date
- Business Website
Note: If your business does not have a website, type “none.com” in this field.



The screenshot shows a 'Business information' form with the following fields and values:

Business information	
Business Name *	DBA (Doing Business As) [Note: If No DBA type NONE] (Please enter answer in English) *
My Company	none
Business EIN (Only digits, cannot contain special character or spaces) *	Business Phone # *
000000001	123-555-0000
Business Type *	State of Incorporation *
Corporation	New York
Business Address (Please do not enter PO Box & enter answer in English) *	Address 2 (Please do not enter PO Box & enter answer in English)
123 Company Street	
City (Please enter answer in English) *	State *
New York City	New York
County *	Zip *
Albany County	10001
Date Business Established (mm/dd/yyyy) *	Business Website URL - (if no website please type none.com) *
04/23/2016	none.com

Section 4: How Can We Help?

WHAT INFORMATION IS NEEDED?

- Purpose of Grant
- Estimated Grant Eligibility Amount
Note: The grant amount you can request is based on your Annual Gross Receipts in 2019.
- Annual Gross Receipt for 2019 (this must match your tax returns)
- Was your business profitable in 2019? (line 28, IRS Form 1120; line 22, IRS Form 1065; line 31, IRS Form 1040 Schedule C; or line 34, IRS Form 1040 Schedule F).
- # of Full-Time Employees (2020)*
- # of Part-Time Employees (2020)*
- # of Jobs Created (2020)
- # of Jobs Retained (2020)

***Business Owners that are paid employees of the business and receive a W-2 must be included in the employee count.**

How can we help you

[Watch Video](#)

Purpose of grant * Payroll Costs	Estimated grant eligibility amount * \$ 10000	Check Eligibility
Annual Gross Receipts for 2019 (this should match your tax return) * \$ 50000	Was your business profitable in 2019? Yes	
# of Full-time Employees (2020) * 5	# of Part-time Employees (2020) * 0	
# of Jobs created (2020) * 0	# of Jobs retained (2020) * 3	

Section 5: Business Demographics

WHAT INFORMATION IS NEEDED?

- Who is your customer base?
 - **B2B: Business-to-Business**
Company provides services or products to other businesses
 - **B2C: Business to Consumer**
Company sells directly to individual consumers
- What does your business do? What type of business is it?
- Tell us more.
- NAICS Code*
- Women-Owned Business?***+
- Veteran-Owned Business?**
- Disabled?**
- Race?
- Ethnicity?
- Franchise?
- Minority-owned Business?***+

Business demographics [Watch Video](#)

Who is your customer base?
☒ B2B ☐ B2C ☐ Both

What does your business do? *
 Sells Products

What type of business is it? *
 Whole Sale - Non Durable

NAICS Code *
 000000

Women-Owned Business *
 YES

Disabled *
 NO

Ethnicity *
 Not Hispanic or Latino

Minority-Owned Business *
 YES

Tell us more. *
[Click here to find your NAICS code](#)

Veteran-Owned Business *
 NO

Race *
 Asian

Franchise *
 NO

*The NAICS Code System is used by Federal Statistical Agencies to collect, analyze, and publish statistical data related to the U.S. Economy.

NAICS is a Self-Assigned System; no one assigns you a NAICS Code. What this means is a company selects the code that best depicts their primary business activity and then uses it when asked for their code.

To find your NAICS code, go to www.naics.com.

**Individual(s) directly own(s) more than 50% of the ownership interest in the business.

+NYS Certification not required

Section 6: Disclosures

WHAT INFORMATION IS NEEDED?

1. As of the date of the application is your business open and operating?
2. Is your business organized as For-Profit Business?
3. Are you in substantial compliance with applicable federal, state and local laws, regulations, codes and requirements?
4. Do you owe any federal, state, or local taxes prior to July 15, 2020, and do not have an approved repayment, deferral plan, or in agreement with appropriate federal, state, and local taxing authorities?
5. Is your business in the For-Profit Independent arts and cultural sector as defined above? (if you answer “yes,” please answer the additional questions in the application)
6. Are you Service-Disabled Veteran Owned Business?
7. Is your business set-up as a worker cooperative?
8. Is greater than 50% of the small business owned by socially and economically disadvantaged persons, which may include minority or women-owned, service disable veteran or veteran-owned businesses, or businesses located in communities that were economically distressed prior to March 1, 2020 (per the U.S. Census)?
9. Annual gross receipts for 2019? (this should match your tax return)
10. Annual gross receipts for 2020? (this should match your tax return)
11. How many months were you in operation in 2019?
12. During COVID-19 Pandemic, has your business received any COVID-19 related emergency funding?
13. Did you receive any help or support from a NYS Technical Assistance Provider?
14. Did you receive any help or support from an Entrepreneurship Assistance Center (EAC)?
15. Did you receive any help or support from a Community Development Financial Institution (CDFI)?
16. Did you receive any help or support from a Chamber of Commerce?
17. Did you receive any help or support from a Small Business Development Center (SBDC)?
18. Is your business currently in need of technical assistance support or help?
19. Is your business currently in need of a loan?

Disclosures [Watch Video](#)

1) As of the date of the application is your business open and operating?	Please select an answer *
2) Is your business organized as For-Profit Business?	Please select an answer *
3) Are you in substantial compliance with applicable federal, state and local laws, regulations, codes and requirements?	Please select an answer *
4) Do you owe any federal, state, or local taxes prior to July 15, 2020, and do not have an approved repayment, deferral plan, or in agreement with appropriate federal, state, and local taxing authorities?	Please select an answer * 0
5) Is your business in the For-Profit Independent arts and cultural sector as defined above?	Please select an answer *
6) Are you Service-Disabled Veteran Owned Business?	Please select an answer * 0
7) Is your business set-up as a worker cooperative?	Please select an answer *
8) Is greater than 50% of the small business owned by socially and economically disadvantaged persons, which may include minority or women-owned, service disable veteran or veteran-owned businesses, or businesses located in communities that were economically distressed prior to March 1, 2020 (per the U.S. Census)?	Please select an answer *

Section 7: Confirmation

INSTRUCTIONS

At the end of the application, you have two options:

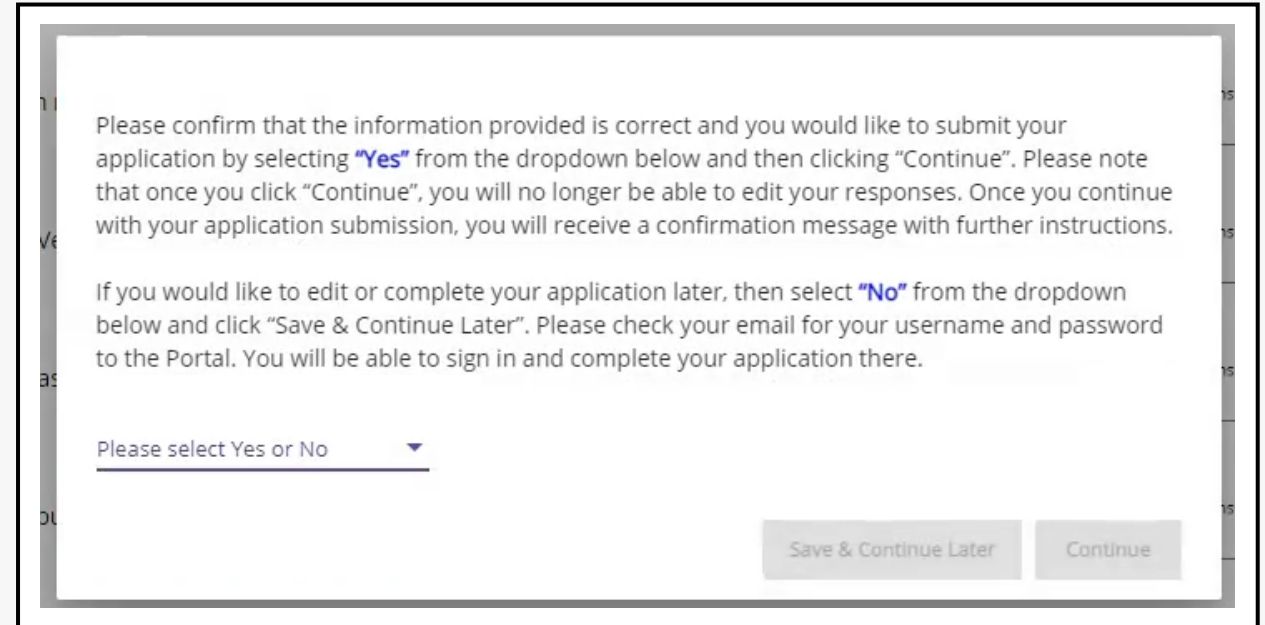
1. Save your application and finish it later: select NO

If you would like to save and complete your application later, select **NO** and click “Save & Continue Later”. **Important Note: Your application must be completed in order to be considered for the grant.**

2. Complete your application and submit: select YES

If all the information provided is correct and you would like to complete your application submission, select **YES** and click “Continue”. **Important Note: You will not be able to edit your application once it has been submitted.**

If this confirmation message does not appear, please make sure that the pop-up blocker has been disabled on your web browser.

A screenshot of a web application confirmation screen. The text reads: "Please confirm that the information provided is correct and you would like to submit your application by selecting 'Yes' from the dropdown below and then clicking 'Continue'. Please note that once you click 'Continue', you will no longer be able to edit your responses. Once you continue with your application submission, you will receive a confirmation message with further instructions." Below this, it says: "If you would like to edit or complete your application later, then select 'No' from the dropdown below and click 'Save & Continue Later'. Please check your email for your username and password to the Portal. You will be able to sign in and complete your application there." There is a dropdown menu labeled "Please select Yes or No" with a downward arrow. At the bottom right, there are two buttons: "Save & Continue Later" and "Continue".

All applicants are encouraged to get their required documentation uploaded within 14 days from applying. **Failure to complete an application and upload all required documents within 60 days will deem an application inactive.**

Section 8: Confirmation Message

INSTRUCTIONS

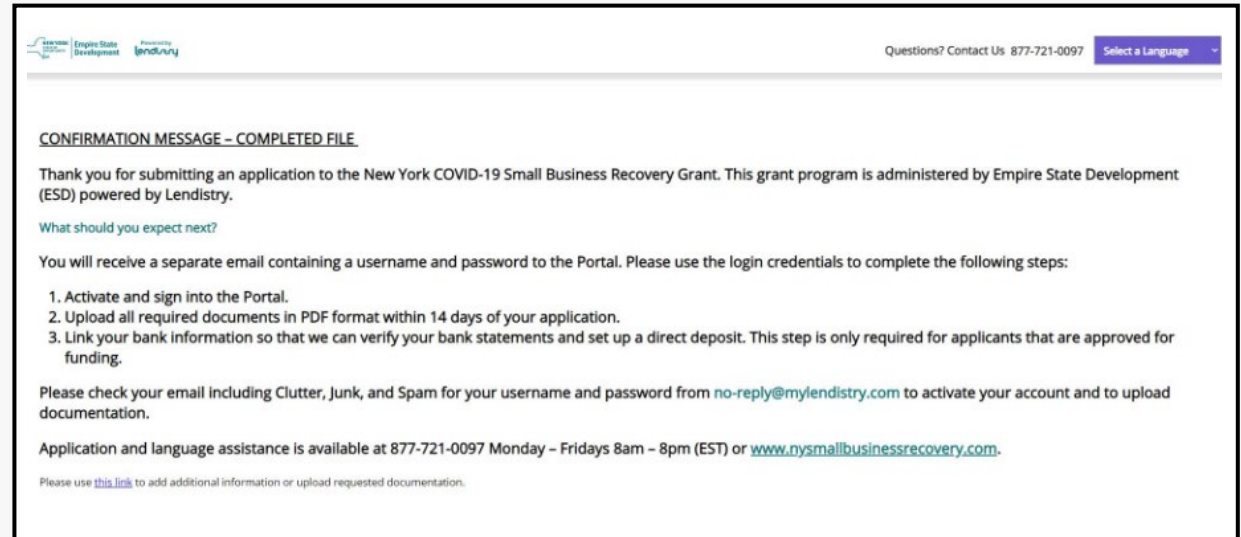
You will receive the following message when your application has been successfully submitted.

WHAT TO EXPECT NEXT

You will receive a separate email containing a username and password to the Portal. Please use the login credentials to complete all of the following steps:

1. Activate and sign into the Portal.
2. Upload all required documents in an acceptable format.
3. Link your bank information so that we can verify your bank statements and set up a direct deposit. (this is only required for applicants who are selected).

Please check your email including Clutter, Junk, and Spam for your username and password from no-reply@mylendistry.com to activate your account and to upload documentation.



Section 9: Find Your Username and Password

INSTRUCTIONS

1. Please check the email address that you entered in the “let’s get started with your application” section of the grant application for your username and password to our Portal.

If you do not see this email in your inbox, please check your spam and junk folders.

2. Activate your account by clicking “Click here to log in”.

Hi Jane ,

Thank you for applying to the New York Relief Grant.

The link below will take you to the portal and the new account created for My Company.

Please use this link to add additional information or upload requested documentation.

Clicking the button will activate your account.

[Click here to log in](#)

New username and password:

Username: nyrecovery@yopmail.com

Password: NLvoegHHMCY

877-721-0097

New York Small Business Recovery

Grant Program. All Rights Reserved

Application Statuses in the Portal

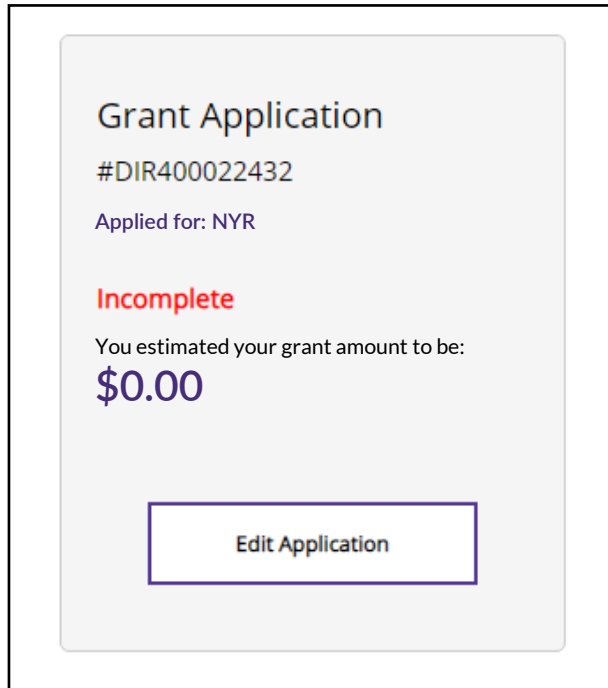
(What They Mean and What You Should Do)



Empire State
Development

Powered by
lendiotry

How to Find the Status of Your Application in the Portal



Grant Application
#DIR400022432
Applied for: NYR

Incomplete

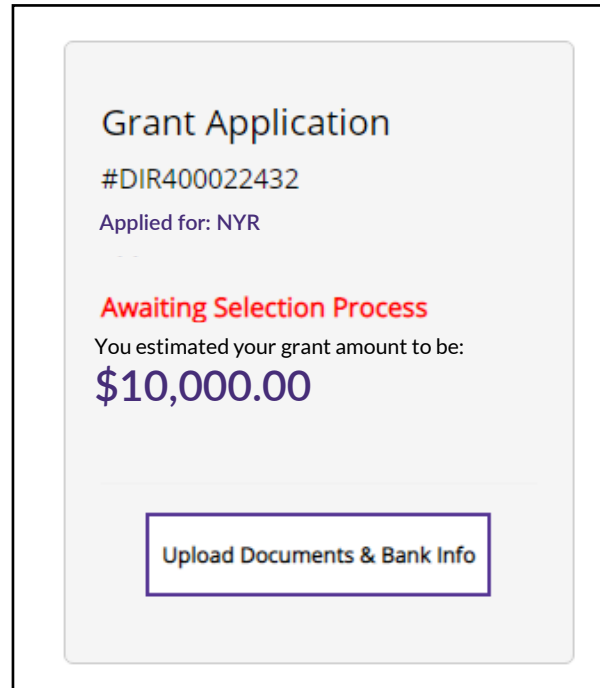
You estimated your grant amount to be:
\$0.00

Edit Application

INCOMPLETE

What it means: You started an online application but did not complete it.

What you should do: Sign into the Portal and complete all fields in the application. You must submit a finished application in order to be considered for the grant.



Grant Application
#DIR400022432
Applied for: NYR

Awaiting Selection Process

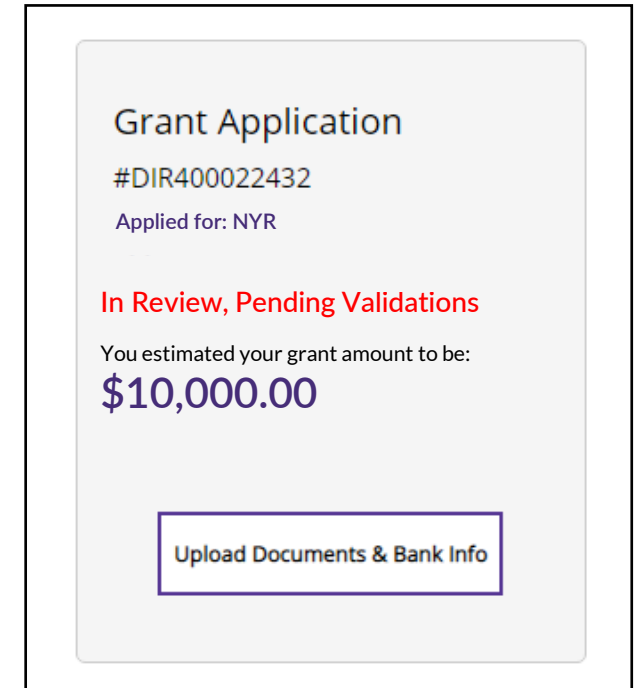
You estimated your grant amount to be:
\$10,000.00

Upload Documents & Bank Info

AWAITING SELECTION PROCESS

What it means: You have submitted a complete application and it is currently awaiting review for eligibility.

What you should do: Check your email for notification about your selection decision. Upload all required documents in PDF format. You will be either selected or not selected to move forward in the application process.



Grant Application
#DIR400022432
Applied for: NYR

In Review, Pending Validations

You estimated your grant amount to be:
\$10,000.00

Upload Documents & Bank Info

IN REVIEW, PENDING VALIDATIONS

What it means: You meet the program's minimum eligibility requirements and have been **selected to move forward in the application process**. Being selected does not guarantee funding. Lendistry will email or call you with updates about your application.

What you should do: Monitor for contact from Lendistry. Complete any request from them in a timely manner.

How to Find the Status of Your Application in the Portal

Grant Application

#DIR400022432

Applied for: NYR

...

Your application was not selected.

You estimated your grant amount to be:

\$10,000.00

Upload Documents & Bank Info

NOT SELECTED

What it means: You do not meet the program's minimum eligibility requirements and your application has been disqualified.

What you should do: If you think your application was disqualified in error, please reach out to our Call Center for assistance.

Grant Application

#DIR400022432

Applied for: NYR

...

Inactive

You estimated your grant amount to be:

\$10,000.00

Upload Documents & Bank Info

INACTIVE

What it means: You have started an application but have failed to complete it and upload all required documents within 60 days. Your application has been deemed inactive and will no longer be reviewed.

What you should do: If you would like to continue with the application process, please reach out to the Call Center to reactivate your application.

Uploading Documents

How to Upload Documents in the Portal



Empire State
Development

Powered by
lendiotry

The Portal At-a-Glance

IMPORTANT NOTES

Before you begin, please review the following notes to ensure your documents are uploaded correctly:

- Banking information is only needed if you are approved for funding.
- If a document does not apply to your business, please select N/A.
- **ALL documents must be submitted as a PDF file. The PDF file must be under 15MB. Documents that are multiple pages should be submitted as one (1) PDF file.**
- Do NOT include special characters (i.e. ~!@#\$%^&*()_+) in the file name. Our Portal will not recognize special characters.
- If your document is password protected, you will be required to enter it in the Portal.

The screenshot shows the 'UPLOAD DOCUMENTS' tab of the portal. At the top, it says 'Your business is a Corporation' and 'Change business type Corporation'. Below this is an 'IMPORTANT NOTE' box stating: 'To avoid error please do not open multiple tabs.' The main section is titled 'Please upload each document under the corresponding category listed below.' and includes a note: 'If a document does not apply to your business, check the box marked N/A. Banking information only needs to be provided by applicants who are approved for a grant or applicants who want to show all status items as completed.' The document list is as follows:

Document Category	Status	Action
Application Certification	COMPLETED	▼
Government Issued Photo ID/ITIN CP565	Pending	▼
2019 Business Tax Return	Pending	▼
2020 Business Tax Return	Pending	▼
Proof of Business Location	Pending	<input type="checkbox"/> N/A ▼
NYS 45	Pending	<input type="checkbox"/> N/A ▼
Completed IRS Form 4506 C (only if requested by Lendistry)	Pending	<input type="checkbox"/> N/A ▼

All applicants are encouraged to get their required documentation uploaded within 14 days from applying. **Failure to complete an application and upload all required documents within 60 days will deem an application inactive.**

How to Upload Documents in the Portal

INSTRUCTIONS

STEP 1: Select a document type and click the down arrow to expand its folder.

Please upload each document under the corresponding category listed below.

If a document does not apply to your business, check the box marked N/A.
Banking information only needs to be provided by applicants who are approved for a grant or applicants who want to show all status items as completed.

Application Certification	COMPLETED	▼
Government Issued Photo ID/ITIN CP565	Pending	▼

STEP 2: Click “Browse” to locate the file on your device. ALL documents must be upload as a PDF.

Government Issued Photo ID/ITIN CP565 Pending

Please upload document for government issued photo id/itin cp565

BROWSE...

Note: File size should be less than 15MB. If needed, multiple documents can be uploaded.
Please do not use special characters in the title of the document (e.g., !@#%&*, etc.)

STEP 3:

- If your document is password protected, select **YES** from the drop-down menu and enter in the password.

New Documents

S.No.	Document Name	Password Protected?	Password (if required)	Delete
1	Government-Issued ID.pdf	Yes	password	🗑️

- If your document is NOT password protected, select **NO** from the drop-down menu and leave the password field blank.

New Documents

S.No.	Document Name	Password Protected?	Password (if required)	Delete
1	Government-Issued ID.pdf	No	password	🗑️

- Click “Upload Documents” to complete upload. The status of the document will change from PENDING to COMPLETED.

Government Issued Photo ID/ITIN CP565 Pending

Please upload document for government issued photo id/itin cp565

BROWSE...

Note: File size should be less than 15MB. If needed, multiple documents can be uploaded.
Please do not use special characters in the title of the document (e.g., !@#%&*, etc.)

New Documents

S.No.	Document Name	Password Protected?	Password (if required)	Delete
1	Government-Issued ID.pdf	No	password	🗑️

UPLOAD DOCUMENTS

Government Issued Photo ID/ITIN CP565 COMPLETED

Please upload document for government issued photo id/itin cp565

BROWSE...

Note: File size should be less than 15MB. If needed, multiple documents can be uploaded.
Please do not use special characters in the title of the document (e.g., !@#%&*, etc.)

Previously Uploaded Documents

Title	Document Name	Preview	Delete
Government Issued Photo ID/ITIN CP565	Government-Issued ID	📄	🗑️

Applicant Certification

How to Download and Complete the Form



Empire State
Development

Powered by
lendiostry

Application Certification

WHAT IS THE APPLICATION CERTIFICATION?

As part of the application process, you will need to self-certify the accuracy of information by signing an Application Certification.

The Application Certification will be available in electronic form for you to download and complete. A signed Application Certification is a required document in this grant process and will need to be uploaded to the Portal.

You can complete the Application Certification in two ways:

- 1. Download and sign the certification electronically or
- 2. Print and complete the form by hand.

[CLICK HERE](#) to download or print the Application Certification.

After completing the Application Certification, upload it to the Portal.

NEW YORK STATE COVID-19 PANDEMIC SMALL BUSINESS RECOVERY GRANT PROGRAM

APPLICANT CERTIFICATION

In connection with the New York State COVID-19 Pandemic Small Business Recovery Grant Program (the "Program") established by the State of New York (the "State") and administered by the New York State Department of Economic Development (the "Department" or "DED"), Empire Development ("ED"), the undersigned, acknowledging an authorized representative of the business, hereby certifies that the undersigned, acknowledging and agrees on behalf of the Applicant, that the State, EDO, and EDO, shall, in the event the undersigned is deemed eligible for the Program ("Eligible"), each may rely on the below certification in determining the Applicant's eligibility for receipt of a grant under the Program.

By executing this document (the "Application Certification"), the Applicant hereby certifies that all of the following (please initial next to each of the certifications below):

- 1. The undersigned signatory (a) is a duly authorized owner and representative of Applicant; (b) except to the extent Applicant is a cooperative business entity, holds at least 20% of the outstanding ownership interest in Applicant; and (c) has full authority to make the certifications referenced herein on Applicant's behalf.
- 2. Applicant represents, warrants, and agrees that it has full authority to make the certifications referenced herein.
- 3. Applicant acknowledges and agrees that the State, EDO, and/or Landlord shall reserve the right to demand the return of all or any portion of the grant funds if any of the certifications made herein are determined to be false or not adhered to.
- 4. Applicant acknowledges and agrees that it will cooperate with and provide such information as is reasonably requested by the State, EDO, Landlord, and/or either of their authorized designees, including, without limitation, for the purpose of conducting a Program compliance review. Such request may include, without limitation, [gpggggggg](#) and other information regarding Applicant's business activities and/or financial information.
- 5. Applicant acknowledges that the State, EDO, Landlord, and/or either of their authorized designees, may publicly release information regarding any advance grant award, including but not limited to, Applicant's name, address, business activities, ownership information, and grant award amount. Applicant hereby authorizes the State, EDO, Landlord, and/or either of their authorized designees to make such public statements regarding Applicant for purposes of the Program. Applicant acknowledges that the State and EDO are subject to the New York Freedom of Information Law and any information within its custody and/or control may be subject to disclosure.
- 6. Applicant represents and warrants that Applicant meets all of the eligibility requirements for a grant award under the Program, including, but not limited to, that Applicant is a "Small Business," "Micro-business," and/or "For-profit Independent Arts and Cultural Organization." "Small Business," "Micro-business," and/or "For-profit Independent Arts and Cultural Organization" shall mean a business which is located in New York State, incorporated in New York State and licensed or registered to do business in New York State, is independently owned and operated, not dominant in its field, and employs one hundred or less persons. "Micro-business" means a business which is located in New York State, incorporated in New York State and licensed or registered to do business in New York State, is independently owned and operated, not dominant in its field, and employs less than ten persons. "For-profit Independent Arts and Cultural Organization" means a cultural or artistic organization that is not a for-profit, independently owned and operated, not dominant in its field, and employs one hundred or less persons. "For-profit Independent Arts and Cultural Organization" means a cultural or artistic organization that is not a for-profit, independently owned and operated, not dominant in its field, and employs one hundred or less persons. "For-profit Independent Arts and Cultural Organization" means a cultural or artistic organization that is not a for-profit, independently owned and operated, not dominant in its field, and employs one hundred or less persons.

Application Certification
New York State COVID-19 Pandemic Small Business Recovery Grant Program
Page 1 of 1

independently owned and operated, not dominant in its field, and employs one hundred or less persons. "Micro-business" means a business which is located in New York State, incorporated in New York State and licensed or registered to do business in New York State, is independently owned and operated, not dominant in its field, and employs less than ten persons. "For-profit Independent Arts and Cultural Organization" means a cultural or artistic organization that is not a for-profit, independently owned and operated, not dominant in its field, and employs one hundred or less persons. "For-profit Independent Arts and Cultural Organization" means a cultural or artistic organization that is not a for-profit, independently owned and operated, not dominant in its field, and employs one hundred or less persons.

- 7. Applicant is a currently viable Small Business, Micro-business, and/or For-profit Independent Arts and Cultural Organization, as determined by Applicant's tax profit reported on Applicant's 2019 federal tax return, that began operations on or before March 1, 2020 and remains in operation as of the date Applicant submits this application, subject only to Applicant being currently situated in compliance with State's COVID-19 restrictions; Applicant acknowledges and agrees that if Applicant's business has ceased, or at any time within three (3) months after the date it receives any grant award funds, under this Program ceases to operate permanently, Applicant may be required to return all or any portion of such grant award funds.
- 8. Applicant has experienced, and can and will provide satisfactory evidence of, loss of gross receipts as a result of the COVID-19 pandemic, or compliance with COVID-19 Health and Safety Protocols, which resulted in Applicant's business modifications, interruptions, or closures. "COVID-19 Health and Safety Protocols" means any restrictions imposed on the operation of businesses by executive order 202-202 issued by the Governor of the State, or any extension or subsequent executive order issued in response to the COVID-19 pandemic, or any other statute, rule, or regulation imposing restrictions on the operation of businesses in response to COVID-19.
- 9. Applicant hereby represents and warrants to each and all of the following:
 - (a) Applicant had 2019 or 2020 gross receipts of between \$25,000 and \$2,500,000 per annum, as reflected on Applicant's filed federal tax return;
 - (b) Applicant's business generated a positive net profit in 2019, as reflected on Applicant's 2019 federal tax return;
 - (c) Applicant earned at least a net income of \$25,000 in 2019; and
 - (d) Applicant earned at least a net income of \$25,000 in 2020; andprovided that, solely for the purposes of the 2020 annual gross receipts calculation, any 2019 or 2020 net loss shall be treated as zero. For purposes of the 2019 or 2020 net income calculation, any 2019 or 2020 net loss shall be treated as zero. For purposes of the 2019 or 2020 net income calculation, any 2019 or 2020 net loss shall be treated as zero. For purposes of the 2019 or 2020 net income calculation, any 2019 or 2020 net loss shall be treated as zero.

Application Certification
New York State COVID-19 Pandemic Small Business Recovery Grant Program
Page 2 of 1

- 11. Applicant does not use any federal, state, or local funds that remain due for any periods prior to July 15, 2020, unless such outstanding balance is covered by an approved payment plan, debt or plan, or other appropriate agreement with the appropriate federal, state, or local taxing authority.
- 12. Applicant has either (a) not applied for any business grant assistance program under the federal American Rescue Plan Act of 2021 or any other statute before COVID-19 economic recovery or business assistance grant programs, including loans forgone, under the federal Paycheck Protection Program, or (b) was unable to obtain the business assistance grant under such federal programs provided, however, that Applicant will not be disqualified from this Program if they have received a loan under any of the following federal programs:
 - (a) United States Small Business Administration ("SBA") Paycheck Protection Program loans totaling \$500,000 or less;
 - (b) COVID-19 Economic Injury Disaster Loan ("EIDL") Advance Grant of \$10,000 or less;
 - (c) COVID-19 EIDL Supplemental Targeted Advance Grant of \$2,000 or less; or
 - (d) SBA Structured Invoice Protection Grant.

Applicant acknowledges that Landlord may verify such information based on the information and documentation provided by Applicant, including, without limitation Applicant's bank statements and other financial documentation.

- 13. Applicant's business is currently operational and Applicant is not restricted by any state, local, or other agency mandate.
- 14. If awarded, grant funds will only be used to cover one or more of the following COVID-19 related expenses incurred by Applicant between March 1, 2020 and April 1, 2021:
 - (a) payroll costs;
 - (b) commercial rent or mortgage payments for property located in the State, excluding any net or mortgage prepayments;
 - (c) payment of local property or school taxes associated with a small business location within the State;
 - (d) insurance costs;
 - (e) utility costs, including heating, ventilation, and air conditioning;
 - (f) supplies and materials necessary for compliance with COVID-19 health and safety protocols, including the procurement of personal protection equipment necessary to protect the health and safety of workers and customers;
 - (g) other equipment or equipment costs; or
 - (h) other documented costs related to COVID-19, as approved by EDO.
- 15. If awarded, no portion of the grant funds will be used for any purposes other than those listed in Section 14 above. Specifically, no portion of any awarded grant funds will be used to repay or pay down any portion of a loan obtained through a federal COVID-19 relief package for business assistance or any State business assistance program. Applicant acknowledges and agrees that if all or any portion of grant funds are used for any unauthorized purposes, the State may hold the undersigned, Applicant, and/or any other owner thereof jointly, including, but not limited to, possible charges of fraud.

Application Certification
New York State COVID-19 Pandemic Small Business Recovery Grant Program
Page 3 of 1

- 16. Applicant acknowledges and agrees that Applicant is not one or more of the following businesses deemed ineligible to receive a grant under the Program:
 - (a) a non-profit organization;
 - (b) a church or other religious institution;
 - (c) a government-owned entity or elected official office;
 - (d) a business primarily engaged in political or lobbying activities;
 - (e) a business that received one or more awards pursuant to the SBA Restaurant Revitalization Grant Program;
 - (f) a landlord or other passive real estate business;
 - (g) a business that is engaged in any activity that is illegal under federal, [gpg](#), or local law; and/or
 - (h) any other federal or business type as specified by EDO.
- 17. No owner of greater than 20% of the equity interest in Applicant (a) has within the prior three (3) years been convicted of or had a civil judgment rendered against such owner, or has had sentenced on any form of parole or probation (including probation before judgment), for (i) commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a contract, federal, state or local transaction or contract under a public transaction, (ii) violation of federal or state anti-trust or procurement statutes, or (iii) commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, writing false statements, or receiving stolen property, or (iv) is presently indicted for or otherwise criminally or civilly charged by a government entity (federal, state or local) with commission of any of the offenses enumerated in subparagraph (a) above.
- 18. Applicant represents and warrants that any and all demographic information (to the extent Applicant has elected to provide such information), including, if applicable, information with respect to owner's ethnicity and economically disadvantaged status, and any other information provided by Applicant in its application regarding the ownership of Applicant, is true and accurate.
- 19. Applicant has not and will not apply for or receive any other grant through or under the Program. Applicant agrees that if from time to time awards is issued to Applicant, then one or all awards will be subject to the discretion of the State, EDO, Landlord, and/or their designees.
- 20. Applicant acknowledges that Applicant's eligibility for the Program and any grant award will be determined based, in part, on the tax and other documents and information provided by Applicant, and that the State and EDO will rely on such documentation and tax and other documents in making any grant award to Applicant. In furtherance of the foregoing, Applicant represents and warrants that all documentation, [gpgggggg](#), and information provided by Applicant in and in connection with Applicant's application under this Program are true, accurate and complete in all material respects and that neither Applicant nor any other authorized person on behalf of Applicant has made or will make any material misrepresentations in connection with Applicant's application for a grant award under this Program. Applicant further affirms that the tax return information it will provide in connection with the Program is identical to the tax return information submitted to the Internal Revenue Service. Applicant understands, acknowledges, and agrees that Landlord, as the State and EDO's authorized designee to disburse funds under the Program, and the State and its authorized representatives, including without limitation, EDO, may abuse such tax and other information with local, [gpg](#) and federal authorized representatives.

Application Certification
New York State COVID-19 Pandemic Small Business Recovery Grant Program
Page 4 of 1

including without limitation for the purpose of compliance with federal, state, or local laws and regulations.

- 21. Applicant acknowledges that the State, EDO, and Landlord are relying on these certifications regarding the use of potential funds, business eligibility, owner information and financial information for both the Applicant and its owner(s). Applicant makes these certifications in good faith, [gpgggg](#) the Applicant's business activity.
- 22. Applicant certifies and agrees (a) that all representations, warranties, certifications, and acknowledgments contained in this Application Certification are true and correct; and (b) that Applicant has completed and will comply with all of the requirements of this Program. In the event the State, EDO, and/or Landlord demand the return of all or any portion of any grant funds received by Applicant, Applicant will be responsible for all costs and expenses incurred by the State, EDO, and/or Landlord with respect to the collection of the return of such grant funds including, without limitation, attorney's fees.

Signature _____ Date _____

Printed Name _____ Title _____

Applicant Business Name _____ ORINATION WITHIN _____


Applicant Business Address _____

Application Certification
New York State COVID-19 Pandemic Small Business Recovery Grant Program
Page 5 of 1

Download and Complete the Application Certification Electronically

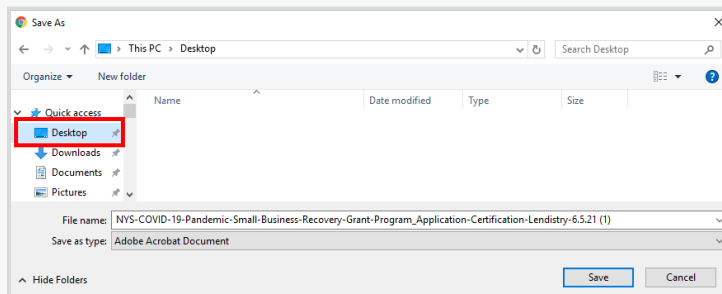
INSTRUCTIONS

STEP 1: [CLICK HERE](#) to view the Application Certification.

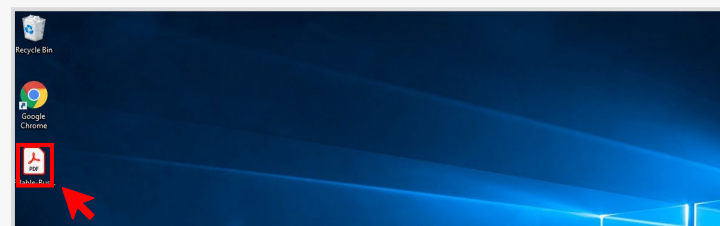
STEP 2: Click the  icon to download the Application Certification on your computer.



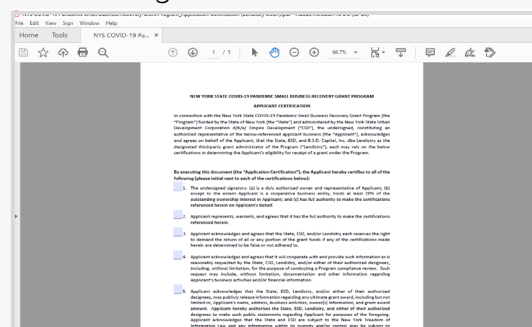
STEP 3: Save the certification onto your desktop.



STEP 4: Go to your desktop, locate the Application Certification and open the file from there.



STEP 5: Your Application Certification will open as an PDF file. Complete the Application Certification by entering your initials next to all numbered items and then entering your signature and business information on Page 5.



STEP 6: Go to File > Save or press CTRL+S on your keyboard to save your fully executed Application Certification.

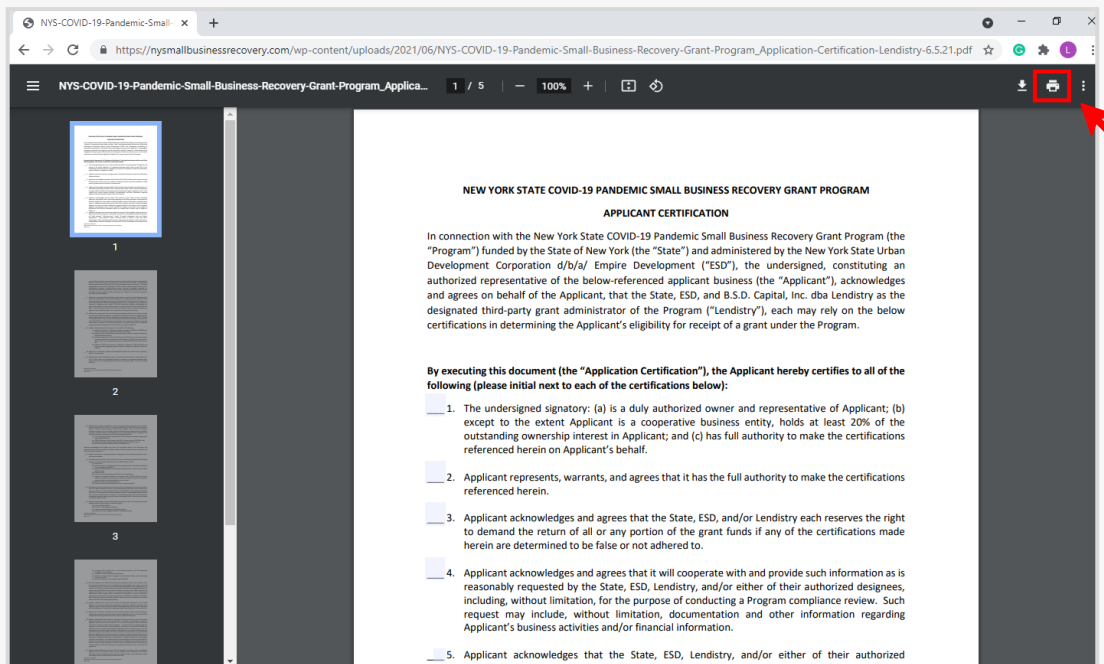
STEP 7: Upload the completed Application Certification to the Portal.

Print and Complete the Application Certification by Hand

INSTRUCTIONS

STEP 1: [CLICK HERE](#) to view the Application Certification.

STEP 2: Print the Application Certification by clicking the printer icon.



STEP 3: Fill out the Application Certification using a dark pen and legible handwriting.

STEP 4: Scan the completed Application Certification and upload it to the Portal.

Linking Your Bank Information

(Required only if you are approved for grant funding)



Empire State
Development

Powered by
lendistry

How to Link Your Bank Information in the Portal

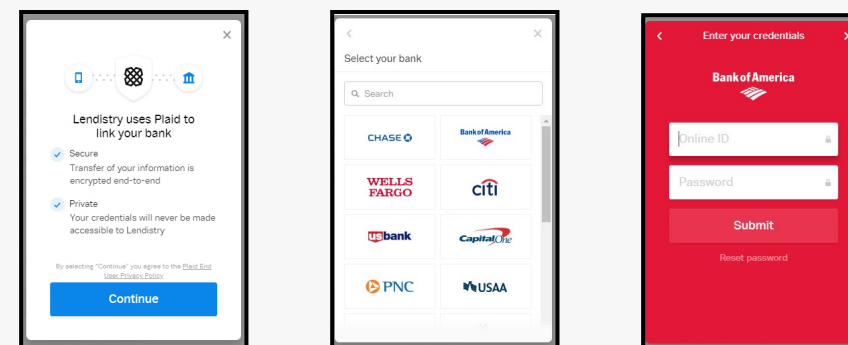
Lendistry uses a third-party technology (Plaid) to set up ACH transfers by connecting accounts from any bank or credit union in the U.S. to an app like Lendistry's Portal. The third-party does not share your personal information without your permission and does not sell or rent it to outside companies. The use of personal information on or through Plaid is subject to Plaid's End User Privacy Policy (<https://plaid.com/legal/#end-user-privacy-policy>). Lendistry uses this technology to verify and review your bank statements. This method of bank verification is preferred, but may not be acceptable, including if your banking institution is not available through the provider. In this case, you can verify your bank account using other methods.

HOW TO VERIFY YOUR BANK ACCOUNT IN LENDISTRY'S PORTAL VIA PLAID

The image shows two screenshots of the Lendistry portal. The left screenshot shows the 'Grant Application' page with a 'Pending Document Upload' section for a \$10,000.00 grant. A red dashed box highlights the 'Upload Documents & Bank Info' button. The right screenshot shows the 'UPLOAD DOCUMENTS' section with a 'BANK INFO' tab selected. Below this, there are two steps: 'Step 1: LINK YOUR BANK ACCOUNT' and 'Step 2: Where Should We Send Your Funds?'. Step 1 includes a 'Link Your Bank' button and a list of benefits. Step 2 includes fields for 'Business Account Name', 'Bank Name', 'Street', 'City', 'State', 'Zip', and 'Routing Number'. Red dashed boxes highlight the 'BANK INFO' tab and the 'Link Your Bank' button in Step 1. Below the screenshots are two teal boxes labeled 'STEP 1' and 'STEP 2'.

STEP 1

- Click on “Link Your Bank Account” to open a window for Plaid.
- Continue through Plaid and locate your banking institution.
- Sign into your online banking account and connect it to Lendistry's Portal.



STEP 2

This step must always be completed regardless of the verification method you use.

- Enter your bank information.
- The “**Business Account Name**” field is NOT your account type. This field is your account name, which must be in the name of your business and listed on your bank statements.
- If your business is a sole proprietorship, the bank account must still be a business checking account and match your name or DBA.

Business Bank Account

- **Moving forward with your application to final approval requires you to have a business bank account for the deposit of grant funds.**
 - The business bank account must match the business name listed in your application and bank statements.
 - If your business is a sole proprietorship, the bank account **must still be a business bank account** and match your name or DBA.
- **The usage of a personal bank account for your business bank account is unacceptable. There are no exceptions.**
 - Applicants are highly encouraged to open a business bank account if they do not have one in order to meet program requirements.
- An application cannot proceed with processing without a business bank account and may put it at risk of being unqualified.

WHAT TO DO IF YOU DO NOT HAVE A BUSINESS BANK ACCOUNT

If you do not have a Business Bank Account, we encourage you to open one in order to meet the requirements of the program. Please engage with your local bank or confer with a trusted financial advisor to open an account. The following financial institutions have indicated a willingness to work with applicants to this program. This list is not meant to be all-inclusive, nor is it intended to be an endorsement of any of the financial institutions referenced.

1. Ponce Bank [Locations](#)
2. Spring Bank [Locations](#)
3. Carver Bank [Locations](#)
4. CDFI Credit Unions
 - Alternatives Federal Credit Union [Locations](#)
 - Brooklyn Cooperation Federal Credit Union [Locations](#)
 - Lower East Side Peoples Federal Credit Union [Locations](#)
 - Neighborhood Trust Federal Credit Union [Location](#)
 - Syracuse Cooperative Federal Credit Union [Locations](#)
 - New Covenant Dominion Federal Credit Union [Location](#)
5. Independent Bankers Association [Locations](#)



**Empire State
Development**

Powered by
lendistry

Application and language assistance is available at 877-721-0097 or www.nysmallbusinessrecovery.com.